Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11102 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11103 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Kent County . Maryland a. STAHWaryland b. COUNTY Kent af delay and 3 t Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R. Hire Deal or over the Harl Md. Lifetime R.F.D.Rock Hall. Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Item 18. Give Pages 1, farm At Home ate NO FF YFS within 24 haurs after death. 3 NAME OF Middle 4 DATE Month Doy Year DECEASED OF DEATH Walter Clarkson 167 (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED birthdoy) Months Dovs Male Colored 10/1915 WIDOWED DIVORCED Office event guq 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Factory Maryland 2. pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Clarkson Julia Blake 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? This certificate should be executed 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no or unknown) (If yes give wor or dotes of service the ward "pending" in ta the Chief Medical removal 216-10-3911 Mr. Leory Clarkson Rock Hall. Md. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Or Arteriosclerotic Cardiovascular disease IMMEDIATE CAUSE (o) crematian, Conditions, if ony, which gove rise to immediate couse (a), DUE TO 0 stoting the underlying couse be farwarded Q S lost. burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO X 9 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) agent, prior 3 shauld PRIMARY I or CONTRIBUTING I shauld CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While its designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection [49] Inquiry [ond in my opinion FUNERAL DIRECTOR: deoth resulted from: Notural couses . Accident . the funeral directar. Suicide Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** Robert W. Farr M.D. Address (Street, city, town, or county) Chestertown . Md . NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) 0 By REMOVAL (Specify) 967 Aaron Chaple Cem. Rock Hall. Kent Md. ADDRESS 250. REC'D BY REGISTRAR AUG 8 24. FUNERAL DIRECTOR Chestertown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

The section of the se The first way of the first live in the state of the state to product of the control of the con A CONTRACT CAN DELVIS TO THE MENT OF THE PARTY OF THE PAR THE RESERVE THE RE

MARYLAND STATE DEPARTMENT OF HEALTH

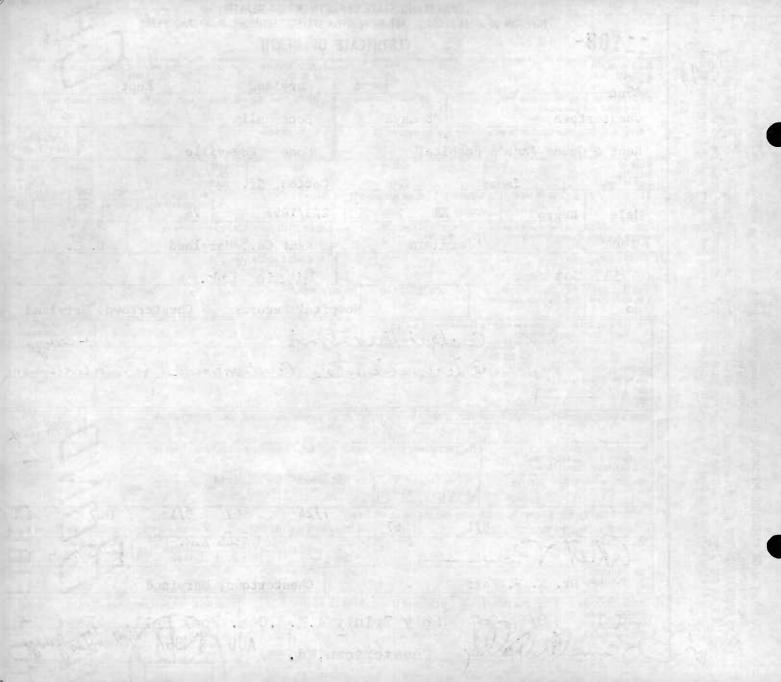
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

SION OF VIIAL RECORDS, 301 W. PRESION SIREET, BALTIMORE, MA

11104

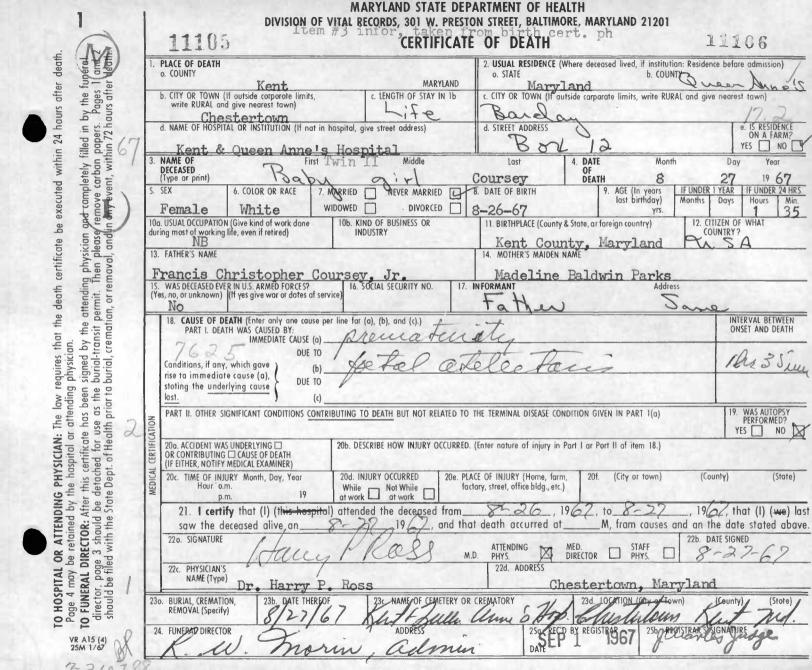
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. by the funera TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Page should be filed with the Stote Dept. of Health prior to burial, crematian, or removol, and in ony event, within 72 hours at

	TIIUO			CERTIFIC	CAIL	OF DEATH					1.0	
	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where dece			ence befar	e admissi	ion)
	o. COUNTY			MARYLA	AND	o. STATE b. COUNTY Maryland Kent						
	b. CITY OR TOWN (If outside carparate limits	5,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If au				ive neares	t tawn)	
	write RURAL and give nearest town) Chestertown 8 days					Rock Hal				10	1.1	
		AL OR INSTITUTION (If no	nt in hospital o			d. STREET ADDRESS	J.L.			-	e. IS RESI	DENCE
		Queen Anne				None - E	desvi	11e			ON A F	FARM?
	NAME OF	Fi		Middle		Last	4. DATE		h	Doy	Уе	ear
	DECEASED (Type or print)	Jan	100	NMN		Cotton, Sr	OF DEAT	тн 8		1	19	67
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	T 8	DATE OF BIRTH	, DEA	9 AGE (In years	IF UNDE	R 1 YEAR		R 24 HRS.
	25-1-	NT	WIDOWED	_	H	2/3/1891		Jast birthday) 76 yrs.	Manths	Days	Haurs	Min.
100	Male	Negro (Give kind of work dane		ND OF BUSINESS OR		11. BIRTHPLACE (County	& State or		1 12.1	CITIZEN OF	WHAT	
duri	ing most of warking	life, even if retired)	IAI	IDIICTRY					(OUNTRY?		
	FATHER'S NAME		Ivai	ious	-	Kent Co.		ryland		U. S	. A.	
13.		~										
	Will					Minnie	Unk					
IS.	WAS DECEASED EVE es. ng. gr unkngwn)	R IN U.S. ARMED FORCES? (If yes give war or dates o	f service) 16.	SOCIAL SECURITY NO.	17. 10	NFORMANT		Addre	!SS			
,	No	(9			Hos	pital Recor	ds	Chester	town	, Ma:	ry1a	nd
	18. CAUSE OF D	EATH (Enter only one cou					7 - 1 - 1				ERVAL BE	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	10) Cere	tral llu	am	m				90	SET AND	1
	422	Canditions, if any, which gave) (b) arteric selecatio Cardinovascular Acian linksum.										
	Canditians, if any	, which gave)	(b) arlo	ric sele	and	i a Coul	iporte	seellan A	way	ille	uls	uom.
	rise ta immediat	e cause (a), DUE	TO									,
	last.	riying cause	(c)									
		ICNIFICANT CONDITIONS C		TO DEATH BUT NOT DELA	TED TO I	HE TERMINAL DISEASE COM	NDITION GI	IVEN IN PART 1/a)		19.	WAS AUT	TOPSY
ON	PART II. OTHER 3	IONIFICANT CONDITIONS C	ONIKIBUIINO	TO DEATH BUT NOT KEEN	110 10 1	TE TERMINAL DISEASE CON	NDITION O	IVER IN TAKE I(U)		01	PERFORM	MED?
CERTIFICATION			Look pr	CORDE HOW WHEN OC	HIDDED /		0 11 0			1 1	ES 📗	NO X
RTIF	20a. ACCIDENT WA	S UNDERLYING L.	20b. DE	SCRIBE HOW INJURY OCC	.UKKED. (Enter nature af injury in	Part I ar F	'art II at item 18.)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJ	URY Month, Day, Yeor	2Dd. II While			E OF INJURY (Home, form try, street, affice bldg., etc.)		. (City or tawn)	((County)		(State)
ME	p.i	10	at war		Idele	ny, sneer, arrice blug., erc.,	'					
	21. I certi	fy that (I) (this has	pital) atten	ded the deceased fi	rom	7/24 ,1	1967	to 8/1	, 19	67, th	at (I)	(we) las
	saw the deceased alive an 8/1 1967, and that death occurred at M, from causes and on the date stated above.											
	220. SKONATURE 4:45 A.M. 22b. DATE SIGNED											
	M.D. PHYS. D DIRECTOR PHYS. D 8/2/67											
	22c. PHYSICIAN'S	22c. PHYSICIAN'S 22d. ADDRESS										
	NAME (Type) Dr. R. W.	Farr			Chestert	own,	Maryland				
230	BURIAL, CREMATI	ON. 23b. DATE TH	FREOF	23c. NAME OF CEMET	ERY OR (REMATORY	23d.	LOCATION (City or To	wn)	(County) ((State)
	Burial (Specify	8/5/1	067			A.M.E.Ce				Kei		Md
2/	FUNERAL DIRECTO		YOU	Holy Tri	1169	250 RECT	D. BY REGI	STRAR 25h RE	GISTPAR'S	SIGNATU	RE	INICI
1	ONLINE DIKECTO	181 111	VL.			A	UG	8 1967	Ich	me	you	ye.
	1) 400	De John	7505	Chester	TOW.	n. Md. DATE		7	4		11	U



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11105 RTIFICATE OF DEATH O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth. ond 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH filled in by the funeral o. COUNTY a. STATE b. COUNTY Kent Maryland MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn)
Chestertown e. IS RESIDENCE ON A FARM d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS Kent & Queen Anne's Hospital YES 🗌 NO ond completely fi NAME OF DECEASED 4. DATE Month Doy Year Last Twin I OF 1967 8 Coursey (Type or print) DEATH ony event, IF UNDER YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years last birthday) Manths Days Haurs 2 8-26-67 White DIVORCED Male WIDOWED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physicion on the please of the during most of warking life, even if retired) INDUSTRY Kent County, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending physi burial-tronsit permit. Then pl burial, cremotion, or removal, attending phys Madeline Baldwin Parks Francis Christopher Coursey. Jr. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service) James No INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
 PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physician. DUE TO Canditions, if ony, which gave (b) rise ta immediate cause (a), DUF TO stating the underlying cause certificate has been be detoched for use as the State Dept. af Health prior to lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS' PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Yeor TO FUNERAL DIRECTOR: After this Haur a.m. factory, street, affice bldg., etc.) 2, 19<u>62</u>, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased fram director, page 3 should should be filed with the 1962 and that death accurred at 130AM, fram causes and an the date stated abave. saw the deceased alive on_ 22b. DATE SIGNED 22n. SIGNATURE DIRECTOR PHYS. M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Chestertown, Maryland Harry P 23o. BURIAL, CREMATION, (Stote) REMOVAL (Specify) 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

Latte on planta terms door a roll in that The form has first the title the 1881 1 3HZ



and the something the second of the AS AP THE THE THOU HER money ordered and located to the transfer of the state of wet of 129161-Kest Salle Llave Silve Start Llave Ties Ties I are

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF OEATH a. COUNTY b. COUNTY · KENT after by the MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside_corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ve carbon-papers. Pag event/within 72 hours write RURAL and give nearest town) hours ura .5 n please remove carbon-banarial, and in any exercises d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 24 executed within 3. NAME OF First Middle Last DATE 4. Month DECEASED OF (Type or print) DEATH SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last blrthday) | Months | Days | Hours | Min. DATE OF BIRTH 8. 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kipd of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician death certificate be during most of working life, eyen if retired INDUSTR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FUNERAL DIRECTOR: After this certificate has been signed by the attending plinector, page 3 should be detached for use as the burial-transit permit. Then bould be filed with the State Dept. of Health prior to burial, cremation, or remova remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 17. (If yes give war or dates of service) (Yes, no, or unkown) burial-transit pern burial, cremation, CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] requires that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part | of Item 18.) I be detached for State Dept. of I MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 145 saw the deceased alive on _M, from the causes and on the date stated above. 22a. SIGNATURI 22b. ATTENDING MED. STAFF DIRECTOR Page 4 may 22C. PHYSICIAN'S 22d. **ADDRESS** director, p should BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. DATE THEREOF 23d. REMOVAL (Specify) 01 FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

196

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED? NO X

(State)

(State)

YES

Day

12. CITIZEN OF WHAT

19.

(County)

YES

DATE SIGNED

NO L

VR A15 (4) 2DM 1/65

to receive the second of the s Therest was the start and alle an ison public tomat

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH executed within 24 hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Queen Anne's a. STATE Maryland County . Maryland ent the MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R.F.D. Worton . Md. Year Chestertown, Maryland filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rauls Nursing Home within YES NO completely f 3. NAME DE First Middle Last DATE Month Day Year DECEASED 196 event, Dorothy Hemslev (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days remov any 2/1920 and Female Colored WIDOWED [DIVORCED = 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) The law requires that the death certificate be INDUSTRY COUNTRY Queen Anne's Co. Md. Labor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending physemit. Then pin, or removal, James Edward Hemsely Emma Elliott 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address R . H' .) . # has been signed by the attent as the burial-transit permit. prior to burial, cremation, or a (Yes, no, or unkown) (If yes give war or dates of service) Mr. Clarence Hemsley Chestertown.Md. 9-07-659 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: by the hospital or attending physician. IMMEDIATE CAUSE (a). DUE TO artura Jelevania Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate had for use at WAS AUTOPSY PERFORMED? CERTIFICATI NO X PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) detached f te Dept. of OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work OR ATTENDING I p.m. at work 0 1966 to \$ - 5- 1967 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: 3 shoul with the and that death occurred at 1300 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. page MED.
DIRECTOR Page 4 may t FUNERAL PHYSICIAN'S 22d. ADDRESS 22c. director, p should be 1 NAME (Type) tis Hall NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 2 8 9 1967 It. Pleasant Cemetery R'F.D.Millington 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** FUNERAL DIRECTOR Larles DATE AUG 4 VR AIS Chestertown.Md. 20M

the state of the s William to salta until te form il generali de tre appendin pri pas deliverting of assurance of the form, and a work Show for antonosplanonin The problems we deplaced from top lopery With the SUA CERT CONTROL OF THE SUA SUBSTITUTE AND SUBSTITUTE AND

The second and the second					
				in land	
Wilder Sagn		on Lot.			
stroom willing to					DECEMBER 1
		[84387-1-			
west ; out , a , attly are there is	· yor anset		Foel,	Property Co.	Labous
A STATE OF THE PARTY OF THE PAR	ille ittel	C. M. union E.			1:5-02

.

S III TO B Document up, Mar. all aisted to the second of the second . acceptable of the contract o

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #23c Film #391 8/11/67 ph

11111

- 1	11110			CLKIII	ICAIL	. OI DEATH					
	CE OF DEATH					2. USUAL RESIDENCE	Where deceosed	l lived, if institu		e before odm	ission)
K	ounty ent			MAR	YLAND	Marylan	d		nt		
		f autside carparate limits	s,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o		limits, write RL	JRAL and give	nearest tawn)
C	hestert			14 hours		Chester	town			1	4-1
d. N	AME OF HOSPITA	AL OR INSTITUTION (If no	at in hospita	ol, give street address)		d. STREET ADDRESS				e. IS R	ESIDENCE
		ueen Anne!	s Hos	pital		Rt. #1,	Box 31				A FARM?
3. NAA	ME OF EASED	Fit	rst	Middle		Last	4. DATE	Mor	ıth	Doy	Year
(Тур	e ar print)	Mi	chael	Forne	У	Lively	OF DEATH	8		4	19 67
S. SEX		6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D [38]	8. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1		DER 24 H
Ma	le	Negro	WIDOWE	D DIVORCE		3/14/66		last birthday) yrs.	Months 16-4	21 Hou	rs Mi
		(Give kind of wark done	10b.	KIND OF BUSINESS OR		11. BIRTHPLACE (County	& State, or fore	gn country)	12. CITI	ZEN OF WHA	
In Darring	tant	ife, even if retired)		INDUSTRY		Kent Co.,	Maryla	nd	Ü.	S. A.	
13. FA1	THER'S NAME		Part -		1215	14. MOTHER'S MAIDEN					
Ja	mes Wil	liam Livel	V			Katherine	Elizab	eth Har	ris		
15. WA	AS DECEASED EVE	R IN U.S. ARMED FORCES?		6. SOCIAL SECURITY NO.	17.	INFORMANT		Addr			
(Yes, no	o, or unknown)	(If yes give wor or dotes o	f service)	None	Ho	spital Reco	rde			Manut	n d
		ATH (Enter only one cau	so per line		11103	spital Reco	Lus	oneste	rtown,	INTERVAL	
10.	PART I. DEAT	H WAS CAUSED BY:	se per line		-	01.				ONSET AN	
	5710	IMMEDIATE CAUSE	, ,	te 1+2/	Her	74-7700		-		1500	day
Car	nditions, if ony,	DUE		Garlin.		Atrod terifis			N 94	6.	, "
	e ta immediate	couse (a)	(b)	TITAL	an	YEIZIAS				7500 =	734
sto	ting the under	lying couse									/
las			(c)								
S PA	RT II. OTHER SIG	ENIFICANT CONDITIONS CO	ONTRIBUTIN	G TO DEATH BUT NOT REL	ATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN	IN PART 1(a)		19. WAS A	UTOPSY RMED?
Š L										YES 🗌	NO '
	ACCIDENT WAS	UNDERLYING CAUSE OF DEATH	20b.	DESCRIBE HOW INJURY O	CCURRED.	(Enter nature of injury in	Part I or Part I	1 of item 18.)			
E (IF		MEDICAL EXAMINER)									
MEDICAL 200	c. TIME OF INJU	RY Month, Doy, Year		. INJURY OCCURRED		CE OF INJURY (Hame, fare		(City ar tawn)	(Cour	nty)	(State
ME	Haur 'o.m	10	Whatw	nile Nat While at work	taci	tary, street, affice bldg., etc.	.)				
			-		fram	8/3	1967 ta	8/4	19 6	7 that (I'	(we)
	21. I certify that (I) (this haspital) attended the deceased fram 8/3, 1967, to 8/4, 1967, that (I) (we) la saw the deceased alive an 8/4, 1967, and that death accurred at M, fram causes and an the date stated above										
22	220. SIGNATURE 22b. DATE SIGNED										
	1	R. /1	Re	ion:	M.I	D. PHYS.	MED. DIRECTOR	STAFF C	78-1	4-6	7
22	c. PHYSICIAN'S			1	.,,,,	22d. ADDRESS	THE TON	11173.	10		
	NAME (Type)	Dr. Jorge	Oteiza	a a		Chesterto	own. Ma	rvland			
23a PI	URIAL, CREMATIO	-0_		23c. NAME OF CEMI	ETERY OR			TION (City or To	lawe	County	/State
	MOVAL (Specify)		637	Joshua Cha			230. 100		7	County)	(State)
20 1	INFRAL DIRECTOR	1 0/0/	9/	ADDRESS	pro		D BY REGISTRA			CNATURE	M
A. H	De a DIRECTO	1111	10	ADDRESS					EGISTRAR'S SIG	Lan Ca	100
-		- I A I h	() 1		8 44	MA DATE A	111111111111111111111111111111111111111	120/	1 Charles	MINA VAN	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camp rely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after deaths. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Sans					
			1000 LITHERD		
	Titt ver site im of the	Test uton	at south should be used.		
	viewni	200707			
	3/14 (6				
	handwell 83 Child				
	Constitution of the contract o				
malyny, amin't	tanio - troopy instraini				
T T	ZVE YOUR THE				
Tevalend	BOWLX .	1995			
		net6	IA SETON TO		
H LOST MAY			Villy Village		
Bar Manife	THE LINE PAINS	WHAT 421/9	all sistem &		

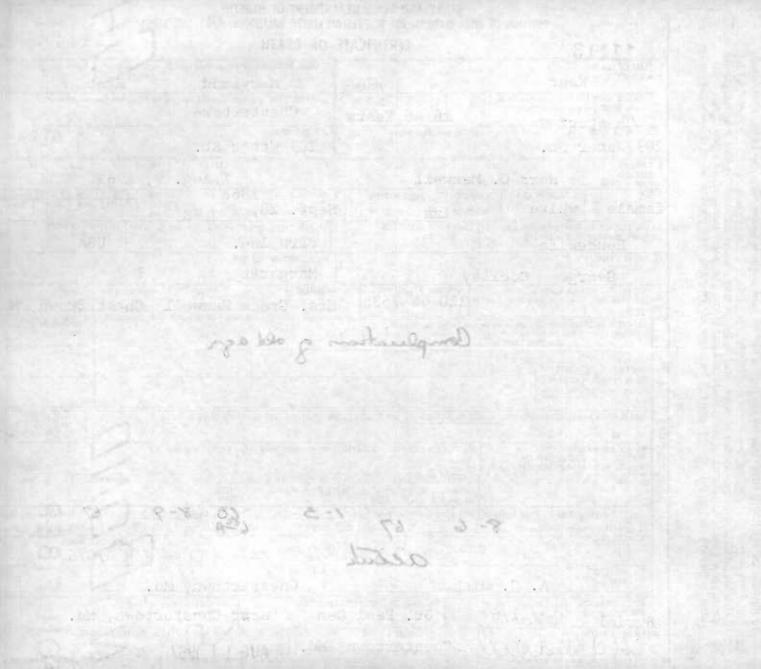
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 111112 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)/ b. COUNTY Columbia o. COUNTY o. STATE Penna Kent MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Bloomsburg Rural Chestertown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Eighth St. RFD Tolchester in them 18. Give Poges NO K long with NAME OF First 4. DATE Month DECEASED DeForrest Manning 28, Aug. 1967 (Type or print) DEATH S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIEDXX NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS last birthdoy) Months Hours male white deoth. Oct. 9, 1900 DIVORCED WIDOWED Office 10o. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)
Professional Bartender 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT after (INDUSTRY COUNTRY? Penna. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Manning Esther Winters Fie 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Bloomsburg, 17. INFORMANT rd "pending" in Chief Medicol E permit. I within 72 (Yes, no, or unknown) (If yes give wor or dotes of service 164 24 2107 Mrs. DeForrest Manning Penna no 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN event PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease LANSTEAND DEATH IMMEDIATE CAUSE (o). This certificate should certificate, writing the word ould be forwarded to the Ch Manner of death resembled acute coronary attack. any (b) Became very short of breath, and was dead when DUE TO Rescue Squad arrived . Had bottle of nitro-gly-Conditions, if ony, which gove rise to immediate couse (o), = stoting the underlying couse 0 puo cemin tabs beside him. 19. WAS AUTOPSY PERFORMED? removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should 0 PRIMARY Or CONTRIBUTING CAUSE OF DEATH. cremotion, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) may be retoined for your FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection X. Inquiry , ond in my opinion Noturol couses Accident Suicide . deoth resulted from: Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER Robert W. Farr Kent County 8/28/67 **EXAMINER'S** Health 1 NAME (Type) Chestertown, Md. Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) DATE THEREOF 0 8/31/67 - Espy - Columbia Co. Pa. New Rosemont Cem. **ADDRESS** Chestertown, Md. VR A15ME (5)

			17711
WEST MED			
	Ment of one of		R. JEHR Trail
	. He have been fi		medebil: for Wife
	A A STATE OF THE S		
	D 45 2007 1.000		
raf .	, andro z		i Lanckengiras
	ATTEMPT V TOPONY		
appart of the	lamin respective . swi	COURS IN AGE	
Minney a grane		idea a doministra	
	W.W.	ankani sihi rkas	
		and one of the control	
			和西野
	0.150 - 155 - 1.50		
	ader in the state.	Walter Cold Cold	

The state of the s				
Constitution of Architecture o				3112
Constitution of American Section 2. The section of	Supplied to			
Grace Simulation of the state o				r sole Davido
The first of the country of the coun		1 3 6 20 5 1 1 2 A C		200 - 200 - 200 - 200 -
A THE PART OF THE		one of	Chartesan due establiq	Banda Stract
The court of the c				action black
The state of the s				
The first sections we seem that we see the section is an action for the form of the form of the first section is a section for the first section is a section forecast section for the first section is a section for the first se		end aged total		
			11.5 (2.4.1)	
			14 (24.0) 19	
			ingenia tang	
Total at the control of the control				
American Company of the Company of t				

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11114 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) b. COUNTY Kent o. COUNTY o. STATE Kent Maryland MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Chestertown 46 Years Chestertown

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? and in any event, within 72 209 Water St. 209 Water St. YES NO X 3. NAME OF 4. DATE First Middle Month Year remove-carban campletely DECEASED 1967 Nora Maxwell DEATAUS. 19 (Type or print) IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 1868 AGE (In years IF UNDER 1 YEAR 7. MARRIED 8 DATE OF BIRTH NEVER MARRIED Months lost birthdoy) Dovs Hours white female. Sept. 28, WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT USA? INDUSTRY physician Peru Ind. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, Margaret Cockley George IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 220 44 7535 17. INFORMANT Address Mrs. Grace Maxwell Chesteftown, Md no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse this certificate has been State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use NO W YES OR ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While ot work of work 1960, to 8-19 67, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram 1 - 3 1967, and that death accurred at AM, fram causes and an the date stated above. saw the deceased alive an 8-22b. DATE SIGNED 220 SIGNATURE MED. DIRECTOR 8/9/67 directar, page 3 shauld be filed v PHYS. 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) A. C. Dick Chestertown, Md. 23b. DATE THEREOF 8/11/67 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) Burial (Specify) St. Paul Cem near Chestertown, Md. 9 ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL, DIRECTOR VR A15 (4) 25M 1/67 Chestertown, Md. Mianley Jus



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. CDUNTY Kent County, Maryland larvl and Kent MARYI AND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Chestertown, Maryland Lifetime Chestertown Maryland papers, in 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? At Home YES NO Cannon Street The law requires that the death certificate be executed within × × NAME DE First Middie Last DATE Month Day Year DECEASED 1967 event, Charles Morris 8 (Type or print) DEATH 6. CDLDR OR RACE 5. SFX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. and con DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months | Davs any Male Colored 1908 WIDOWED [DIVDRCED 1Da. USUAL OCCUPATION (Give kind of work done = 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even If retired) INDUSTRY Various Kent County . Maryland Labor 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Spencer Morris 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? signed by the attend purial-transit permit. purial, cremation, or re 16. SDCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Mamie Stewart Chestertown . Md . 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: Hypertensive and arteriosclerotic by the hospital or attending physician. cardiovascular disease vears DUE TO Conditions, If any, which gave rise to immediate DUE TD cause (a), stating the as th underlying cause last. (C) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate NO YES PHYSICIAN: DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING hed f OR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) (State) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE DF INJURY (Home, farm, 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING p.m. at work at work retained 21. I certify that (!) (this hospital) attended the deceased from Nov. 65 19 that (I) (we) last DIRECTOR: age 3 should led with the and that death occurred at 3 saw the deceased alive on M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page MED. director, po 22d. ADDRESS PHYSICIAN'S NAME (Type) Chestertown. Robert Mary and NAME OF CEMETERY DR CREMATORY 23d. LDCATIDN (City, town or county) (State) BURIAL, CREMATION. DATE THEREDF REMDVAL (Specify) 967 Janes Methodist Cem. R.F.D. Chestertown 25a. REC'D BY REGISTRAR 25b. FUNERAL DIRECTOR **ADDRESS** Chestertown. Md. VR AI5 (4) DATE 20M 1/65

the state of the s . A. . . . Ones tyco c. vrngo tred and the state of t oldersfordPadtraT had aviturePracell lives menutific trades are the contract of the contr SALULLANT WHICH CONTROL OF THE TRAIN THE TRAIN OF THE TOTAL OF THE TOT the Land of the revenue of the Land of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11116 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. STATE Maryland o COUNTY b. COUNTY Kent delay is ond 3 to Poge MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give pearest town) b. CITY OR TOWN (If autside carporote limits, ond PM3. write RURAL and give nearest tawn) WVE MILIS RURA WUKEN HANE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Office along with form Kont and Queen Anno Hospital 2 NO in pencil in Item 18. Give Poges ote This certificate should be executed within 24 hours ofter death. 3 NAME OF First Middle Last DATE Doy Year Elmer DECEASED North 28 August DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH AGE (In years S SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours 7/30/47 white Male hours after deoth. WIDOWED DIVORCED 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INSUIL BELL CO. KENTUCK HIDUSTRY ARMING 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elmer Kathryn Wilson North 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no brunknown) (If yes give wor or dotes of service)
219-46-8561 17. INFORMANT FATHER Address within 72 Chief Medicol DEEN HANE ! INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Fractured skull and multiple severe event writing the word injuries, especially to right chest about 8 hours in ony Conditions, if ony, which gove Miduo to auto accident. rise to immediate couse (a) Sudlersville, Md. & crashed into pile of rocks. Was forwarded to stoting the underlying couse 0. puo 0.5 19. WAS AUTOPSY be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) removol, PERFORMED? driver of car. A NO X please execute the certificate. 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 0 cessary, position of the funeral director.

o runeral director.

o FUNERAL DIRECTOR: Poge 3 since the prior to buriol, certarition, or certain of the prior to buriol, certain of the prior to buriol. See above CAUSE OF DEATH. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc. near Not While Sudlersville Q.A. Md. ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X, Inquiry , and in my apinian Undetermined manner Accident X Suicide Hamicide death resulted from: Natural causes . 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 8/28/67 Robert W. Farr, M. Heolth Address (Street, city, town, or county) NAME (Type) DATE THEREOF 0 25b. REGISTRAR'S SIGNATURE 50. REC'D BY REGISTRAR Willander VR A15ME (5) 6M 1/67

mon wants from the same and the state of t The Barrier Harry William B. St. M. storette muli bak Advoid Conta कार्यान करते हैं। होता र मिल्ली, रिक्स केरकार में के मेरे The value of the best lines be made Edon & stoom deepe that of the course, and which then 10 and hedelmiden so a solution with dark the second rate to movital to a substruction when he is don't be to the substruction of the state of the state of the state of s x , rest . . . desde. Brough 31 Will Farmery Consecution in the State Cook Light State S

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Kent Maryland b. COUNTY Kent MARYLAND b. CITY OR TOWN IIf outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give nearest town! Galena 32 years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO IX NAME OF First Middle 4. DATE Month Year Ryan James E. 67 August (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday! Hours White Male WIDOWED I DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Rent Oil Co.

Philadelphia, P 12. CITIZEN OF WHAT COUNTRY? Philadelphia, Pa. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Ryan Beatrice (Unknown) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5-26-4547 Galena. Md. Mrs. Eva J. Ryan 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSELAND DENTE Arteriosclerotic Cardiovascular Disease PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Came to office for his daily work, sat down at his DUE TO desk and was heard to be making unusual diseases Conditions, if any, which Was found to be dead shortly thereafter. gove rise to immediate cause DUE TO (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?see above YES T NO M 20g. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour Not while o. m. of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection to Inquiry . and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S Robert W. Farr M.D. DEPUTY MEDICAL EXAMINER August 10, 1967 NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Galena Galena Cemeterv Md. Kent Co. **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 2/b. REGISTRAR'S SIGNATURE Still Pond, Md. DATE

with the registrar

P

0 0

0

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TOTAL PROPERTY OF THE PROPERTY OF THE PARTY White Constitute swampers toursent Embedde and of Garen and bern Stone Camping a south of the last of Carrier Co. C. C. C. C. C. Street C.

B 2-1	MARYLAND STATE DEPA	AN CERTET DAITMORE MARVIAND GLOOT
X	A A A A Ph	OF DEATH
death.	1. PLACE OF DEATH O. COUNTY Kent MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Kent
the Pages 1 organized from 1 organized f	b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
4 hours	Chestertown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	Chestertown d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
vithin 2. Vithin 2. Within 2. Within 2. Within 2. Within 3. Within	Kent & Queen Anne Hospital 3. NAME OF First Middle DECEASED Light Transport	High St. VES NOW OF All G 31 1967
e executed within 24 hours office. and completely filled in by the furnmove corban papers. Pages 1 n any event, within 72 hours after	(Type or print) WALLER VIRGIL TUTNER 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 1	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
ond co	male white WIDOWED DIVORCED DIVORCED USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT COUNTRY COUNTRY
ficate ysicion pleose al, and	Caretaker - Cemetery	Q. A. Co. Md. COUNTRY? 14. MOTHER'S MAIDEN NAME
e deoth certificate b ottending physicion permit. Then pleose on, or removal, and		Mary E. Fearins INFORMANT Address
equires that the deoth certificate be physician. signed by the ottending physicion of buriol-tronsit permit. Then pleose to buriol, cremation, or removal, and in	(16 yes, na, ar unknawn) (16 yes give war ar dates at service) 214 34 8248 M	frs. Ruth Turner Chestertown, Md.
that the ian. by the tronsit procemation	PART I DEATH WAS CAUSED BY:	ONSET AND DEATH
requires that th g physician. n signed by the e buriol-tronsit i o buriol, cremati	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause	1 in Fonction 1 DAY
ne law ottendin ios bee e os th i prior t	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hour Page 4 may be retained by the hospital or ottending physician. TO FÜNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in busing the content of the propers. Should be detached for use as the burial-transit permit. Then please remove corban papers. Should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in the event, within 72 had	200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I ar Part II of item 18.)
IG PHYS the hos re this ce detache	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, arry, street, affice bldg., etc.) 20f. (City ar town) (County) (State)
TENDIN ined by OR: Afre ould be		t death accurred at 3 PM, fram causes and an the date stated above.
OR AT be reta DIRECTO	220. SIGNATURE Thomas Julon M.	D. PHYS. DIRECTOR DIRECTOR DIPHYS. DIP
TO HOSPITAL Poge 4 moy O FUNERAL I director, pag	22c. PHYSICIAN'S NAME (Type) Thomas J. Solon	22d. ADDRESS Chestertown, Maryland
TO HO Poge direct	230. BURIAL (REMATION, BREMOVAL (Specify) 5/3/67 Chester Ce	Chestertown Md
VR A15 (4) 25M 1/67	24 FUNERAL DIRECTOR Chestertown	Md. DATE SEP 19676b. REGISTRAR'S SIGNATURE LANGE

PARTY S. L. PRENTY S. C. THE DESIGNATION OF THE PARTY OF The state of the s Carsto of the and and

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Kent County, Maryland Maryland C. LENCTH OF STAY IN 1b Lifetime d. STREET AOORESS First Middle Last DATE 4. Elizabeth DEATH Anna 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Colored WIDOW EO OIVORCEO [

h. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R.F.D. Worton, Maryland R.F.D. Worton, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? At Home YES NO . 3. NAME OF Month Year 1967 DECEASED 8 20 (Type or print) 5. SFX AGE (In years | IFUNOER 1 YEAR | IF UNOER 24 HRS Q 3 last birthday) Months I Days Hours Female 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INOUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Housewife County Maryland U.S.A 13. FATHER'S NAME Charles Hynson Laura Chambers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 0 Mrs.Lillian Worton Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) several vears DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? NO A YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 19 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNAPOR 22b. OATE SIGNEO ATTENOING STAFF PHYS. 8 23/67 DIRECTOR 22d. AOORESS PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. Burial (Specify) Methodist Cem. Worton Maryland on F FUNERAL DIRECTOR ADDRESS 25a. REC'O BY REGISTRAR Chestertown

24 hours after death. filled in by papers. Pag in 72 hours completely fille ive earlon pape event, within 7 executed within remove attending physician and remit. Then please remon, or removal, and in any The law requires that the death certificate be been signed by the attenthe burial-transit permit. the hospital or attending physician. 98 for use Health certificate PHYSICIAN: detached for the Dept. of I be de State OR ATTENDING F After Id be d DIRECTOR: A age 3 should lied with the 3 page 4 may HOSPITAL FUNERAL TO FUNERAL director, p.

VR A15 (4)

TO THE THE PARTY OF THE PARTY O was promised the second policy of the second policy

